## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 101549014

FILING DATE

APPLICANT(S)

<b>CLAIN</b>	4S
--------------	----

	AS FILED		AFTER		AFTER 2 MAMENDMENT			Ī	AS F	ILED	AFTER 1"AMENDMENT		AFTER	
	IND.	DEP.	IND.		IND.		1	1	IND.	DEP.	IND.	DEP.	IND.	
1	1/_						1	51				222	III.	T DE
3	<del> </del>	<del>                                     </del>		<u> </u>			1	52						
4	<del>                                     </del>	<u> </u>					4	53	<b> </b>					
5	<del>                                     </del>	<del>                                     </del>					ł	54	ļ					<u> </u>
6	17						1 .	<u>55</u>						<del> </del>
7							1	57	<del> </del>					<del> </del>
- 8							1	58						├─
,9	<b></b>						1	59						<del>                                     </del>
10	<b></b>						l	60				/.		
11 12							l	61						
13				·			ł	62			·			
14							Į.	63						ļ
15								64						
16								66						
17								67						
18							•	68						
19								69						-
20								70						
21								71						
22 23								72						
24								73						
25					<del></del>			74						
26					<del></del>			75 76						
27								77					<u> </u>	
28						· ·		78					<del></del>	
29								79						
30								80						
31 32								81						
33								82						
34								83						
35								84 85						
36								86						
37								87						<del></del> -
38								88						
39								89						
40								90						
42								91						
43							1	92						
44				<del></del>			ł	93						
45								94 95				<del></del>		
46								96	777					
47								97						
48								98						
49							1	99				-		
50 TOTAL	-,,							100						
IND.	4	41	- 1	1		1		TOTAL IND.		1		II		I
TOTAL DEP.	3	4		<u>.</u>		_	ŀ	TOTAL		_		<u> </u>		_
TOTAL	77		- T		Taxas	7	1	DEP.		4		7	·	7
CLAIMS	/_	1.4		(4.4)				TOTAL CLAIMS		2.85				
PTO - 1360	(REV. 11/04)										MENT of CON demark Office			